

# MIFAMILY STRONGER TOGETHER NEWS

## SUPPORTING KINSHIP FAMILIES

Written by: Beth Lindley, LMSW-C, director, MSU Kinship Care Resource Center

I was raised by two parents and lived immediately next door to my maternal grandparents, who parceled an acre of their property so my dad could build our house there. My paternal grandparents were only a mile away and came over every Sunday after church to give my mom lunch money so my three siblings and I could get hot lunches at school. My grandparents' house next door was my safe haven during adolescent challenges and our multi-generational family helped each other continually with emotional and financial support. I could always find someone who loved me close by.

The contrast between a multi-generational family experience like mine and that of individuals who are raised by their kin; grandparents most commonly, but also aunts/uncles, siblings, cousins and fictive kin, is the ongoing integration of help and support. Kinship families (also referred to as skipped generation families) most often consist of grandparents living with grandchildren in a household where no biological parent is present, so the collective benefits of multiple generations are absent. Kinship caregivers often provide care outside of the child welfare system and do so with lower incomes and fewer supports.

Licensed foster care families enroll in classes and prepare their homes as they anticipate providing care for a child who has been separated from parents. A kinship caregiver is, by contrast, often caught off-guard and required to make immediate decisions and changes to their own life in the face of crisis and trauma. Kinship caregivers who care for a child through child welfare placement in Michigan, are eligible (with or without a license) to receive the same financial support as a licensed foster care family. However, caregivers who engage with child welfare as a potential kin placement, express feeling misguided or misunderstood when the subject of foster care is discussed.

When caregivers are approached about placement, they not only face a major life-changing decision, but also, emotional upheaval due to the circumstances that led to an investigation in the first place. There is confusion and sometimes defensiveness and distrust of "the system." They need time and someone to explain their options. It can be a lost opportunity for the child/ren and kin when misunderstandings between a stressed caregiver, and a CPS investigation, leads to a closed case and/or a probate guardianship outcome because the child is now considered safe and their potential eligibility for foster care payments and services is no longer a support option.

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August MiFamily Stronger  
Together Live Event

August 31, 2023, 10:00 a.m.

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## SUPPORTING KINSHIP CAREGIVERS

Episode 11: Supporting Kinship Caregivers Part 1 - Child Welfare Information Gateway

Episode 12: Supporting Kinship Caregivers Part 2 - Child Welfare Information Gateway

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### SUPPORTING KINSHIP FAMILIES - continued

Research about Adverse Childhood Experiences (ACEs) supports that compared to children in foster care with non-relatives, children in foster care with relatives have more stability, better mental and behavioral health and are more likely to report always feeling loved. Family members serve as an important buffer in improving long term mental health and behavioral outcomes for children because they promote sibling ties, offer continuity, preserve children's cultural identity and support connection with siblings and community. Kinship caregivers have much to contribute to positive experiences for the children in their care, which makes supporting kinship family needs so important.

The Kinship Care Resource Center (KCRC) is home to the Kinship Support Program, funded by Michigan Department of Health and Human Services (MDHHS), to serve kinship care families across the state, by providing information and referrals to resources and services for caregivers and the children they are raising. Through our partnership with MDHHS, KCRC staff talk to caregivers within the first few months of a relative placement, and also assist kinship families who have never been connected to the child welfare system at all. The expanding KCRC services include:

- Outreach, information and referral assistance through a toll-free warm line.
- Service coordination including the integration of 2-1-1 with our digital resources.
- Trainings, workshops and outreach.
- A calendar of support groups and trainings for kinship families in Michigan.
- Case management pilots in eight Michigan counties.
- Partnerships with caregivers, public and private organizations through the MDHHS Kinship Advisory Council and Michigan Kinship Care Coalition.

If families have trouble understanding or making decisions in the face of an emergency placement, the KCRC offers support to caregivers and the professionals serving kinship families by answering questions and offering legal guidance. Helping kinship caregivers get what they need is an important function of protective strategies and prevention practices in support of the safety and well-being of children. To learn more, or if we can assist a caregiver you know, please reach out to the Kinship Care Resource Center at 800-535-1218 or at [kinship@msu.edu](mailto:kinship@msu.edu) or visit our website at [www.msu.edu](http://www.msu.edu).

References:

<https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf>

<https://www.pewresearch.org/short-reads/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households>

### GUY THOMPSON PARENT ADVISORY COUNCIL

Written by: Joy Thelen, analyst, CPS and Redesign Office

The Guy Thompson Parent Advisory Council (GTPAC) is comprised of parents with lived experience in the child welfare system, such as Children's Protective Services, foster care and/or a family preservation program. Parents serving on the council participate in internal and external child welfare related initiatives and projects to provide personal insight to help the department better understand how decisions affect children and families. Parent members have promoted positive changes by participating in leadership trainings, conference panel sessions, project workgroups, training development, reviewing of policies and protocols, and more.

Parent members have expressed feeling heard and supported when participating in projects. The name, MiFamily, Stronger Together, was a suggestion by one of the parent members to help promote the department's objective of strengthening families and keeping families together. The name demonstrates unity and collaboration. A member described the partnership between child welfare training and universities as "fantastic" and appreciated being involved. Recently, a parent member shared their story at a conference that provided insight on a gap that occurred during their investigation regarding the need for connecting with incarcerated parents; this information was well received by the department which led to internal process changes.

Parents involvement in child welfare policy and practice decisions creates a collaborative partnership that improves outcomes for children and families. We are grateful for our parent members!

To learn more about the GTPAC, please visit our website: [Guy Thompson Parent Advisory Council \(GTPAC\)](http://GuyThompsonParentAdvisoryCouncil.org) ([michigan.gov](http://michigan.gov))

## EVIDENCED BASED HOME VISITING

Written by: Alexandria Fedewa, analyst, Family Preservation and Reunification Office

**Recently we asked families to comment on their experience with Evidenced Based Home Visiting. Below are a few of the families comments:**

“I appreciated that the experience was tailored to the needs of my family, even though there was a curriculum to be followed. They did what they needed to make sure that I felt supported throughout.”

“The most valuable thing that I learned was that something doesn’t have to be wrong to participate in the programs. That you can just get the support and in my case when something did go bad, they were there to support my family.”

“The most valuable thing that I have learned from Home Visiting is that I am not alone. There is always someone there to ask for help if needed.”

“In my circumstances, I have been grateful for the resources. Felt supported and confident. In my attitude and behavior, recognize and understand children better. I have a different outlook on my situation. I have been working on changing our environment and reversing ACEs.”

“[I would tell another parent to] ‘Give it a chance.’ Encourage everyone to say yes!!! When we become parents, we don’t know what we don’t know. It is great to have others to encourage us along the way. Don’t be prideful, get the resources that you need.”

## INTRODUCTION TO EARLY ON

Written by: Jenny Koenigsknecht, public awareness supervisor, Clinton County RESA Office of Innovation Projects

Young children grow and develop at different rates but generally will reach specific developmental milestones (social-emotional, language/communication, cognitive, movement/physical, and self-help) approximately around the same time. When a family or professional has a concern about a child’s development, resources are available to support a child and their family in reaching their full potential. *Early On*® is Michigan’s system for helping infants and toddlers, birth to age three and their families, who have developmental delays and/or disabilities or are at risk for delays due to certain health conditions, including infant mental health disorders. It is designed to help families find the social, health and educational services that will promote the development of their infants and toddlers with disabilities and/or delays.

Mandated by federal legislation, this statewide system called *Early On* is otherwise referred to as Part C of the Individuals with Disabilities Education Act (IDEA). When talking about IDEA Part C and *Early On* services, you often hear the term “Early Intervention.” The purpose of early intervention is to enable young children to be active and successful participants during early childhood years and in the future in a variety of settings, including in their homes, with their families, in childcare, in preschool, and in the community. Services are strength-based, family-centered, focused on parent and professional partnerships, provided in a natural environment and based on interagency collaboration.

Services are provided in a natural environment, which can be defined as any place a child and family lives, learns and plays. This includes settings and activities that are normal for a child’s peers in their community who have no disabilities or developmental delays. Young children tend to thrive when they are in familiar surroundings with people and objects that are dear to them and when services are provided during everyday routines.

An *Early On* provider supports this intervention through coaching parents/caregivers and early childcare providers.

In Michigan, *Early On* services are free to eligible children and their families. There are multiple ways an infant or toddler may become eligible for *Early On*, including the presence of a developmental delay or an established condition. Infants birth to two months qualify for *Early On* with any delay in development. Children two months to age 36 months are eligible with a delay of 20 percent or greater in one or more of the following areas of development: cognitive; physical, including gross and fine motor; communication; social/emotional; and self-care skills.

Another way to become eligible for *Early On* is to have an “established condition,” which is a diagnosed physical or mental condition that has a high probability of resulting in developmental delay. Infants and toddlers with a diagnosed condition likely to result in a delay qualify for *Early On* under the category of Established Condition. View a list of conditions that indicate automatic eligibility for *Early On* supports and services [here](#).

Some infants and toddlers in *Early On* with greater developmental delays may also qualify for services through Michigan Mandatory Special Education (MMSE). Eligibility for MMSE services is determined by the Michigan Administrative Rules for Special Education (MARSE).

A referral must be made to begin the eligibility process for children to receive *Early On* services. Anyone can support a family in making the referral or by offering to make the referral with the family. You do not need a referral from a physician to start the process. Either way, the family should be aware and agree to the referral to ensure continued trust and relationship building.

Referrals can be made at [www.1800earlyon.org](http://www.1800earlyon.org) or by calling 1-800-EARLYON. Families should hear from their local *Early On* program within 10 calendar days of receipt of referral. And most importantly, “Don’t worry. But don’t wait.”